

4.16.03
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CHANGE OF CORRESPONDENCE ADDRESS <i>Application</i> Address to: Assistant Commissioner for Patents Washington, D.C. 20231	Application Number	09/286,679
	Filing Date	April 1, 1999
	First Named Inventor	SHIRAI
	Art Unit	2661
	Examiner Name	TEN, A.
	Attorney Docket Number	W418RI

Please change the Correspondence Address for the above-identified application to:		<div>Place Customer Number Bar Code Label here</div>
<input type="checkbox"/> Customer Number	<div>Type Customer Number here</div>	
OR		
<input checked="" type="checkbox"/> Firm or Individual Name	Loudermilk & Associates	
Address	P. O. Box 3607	
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City	Los Altos	State CA ZIP 94024-0607
Country	U.S.A.	
Telephone	408-868-1516	Fax 408-868-1517

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- ☐ Applicant/Inventor.
- ☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or Agent of record.
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or Printed Name

Alan R. Loudermilk, Reg. No. 32,788.

Signature

Date

9/23/02

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.